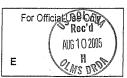
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number	u.4996	2. Fiscal Year Covered From:
		01/01/04 Through: 12/31/04
Name and address of person filing.		4. Name, file number, and address of labor organization.
Name	John J. Schmitt	Name Laborers Local NO. 113
		Labor Organization File Number 015-279
P.O. Box, Bldg.	, Room No., if any	P.O. Box, Building and Room Number, if any
Street	6310 W. Appleton Ave.	Street 6310 W. Appleton Ave.
City	Milwaukee	City Milwaukee
State	Wisconsin ZIP Code + 4 53.210	State Wisconsin ZIP Code + 453210
5. Position in labo	or organization. Business Manager	

Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.			
6. Name and address of Employer (including tr	ade name, if any).	7.a. Nature of Interest, Trar	saction, or Income.
Name	•		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any		7.5. 0	
Street	·	7.b. Amount.	
City	·		
State	ZIP Code + 4		

Signature

15. Signature and verification. The undersigned declares, under penalty of	Perjury and other applicable i	penalties of the law, that all of the inforr	nation
submitted in this report (including the information contained in any accompany			est of the
undersigned's knowledge and belief, true, correct, and complete. (See the se	ction on penalties in the instru	uctions.)	
Signed ON Schutt			
Signed John Schwod	On <u>8/5/05</u>	414-873-4520	

Telephone Number

Name of Person Filing	File Nutiber 0-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name	a. Labor Organization	
Trade Name, if any:	X b. Trust	
P.O. Box, Bldg., Room No., if any	c. Employer	
Street		
City		
State ZiP Code + 4	·	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Kenosha Welfare Fund	Laborers' Health Fund	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street 3030 39th Ave. Room 117	11.b. Approximate dollar value of such dealing.	
City Kenosha	12.a. Nature of interest held or income received.	
State WI ZIP Code + 4 5 3 1 4 4	Dinner for Annual meeting for Health Fund in December.	
	\$88.00	
	12.b. Amount.	
C. Received from any employer (other than an employer covered under parts A and B above)		
or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4		
	14.b. Amount of payment.	

Name of Person Fili	ng	File Number U-
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address	s of Business (including trade name, if any).	9. Business deals with:
Name		a. Labor Organization
Trade Name, if any:		x b. Trust
P.O. Box, Bldg., Ro	om No., if any	c. Employer
Street		
City		
State	ZIP Code + 4	
10. If 9.b. or 9.c. is o	checked give trust or employer's name.	11.a. Nature of such dealing.
Name	Robert W. Baird & Co.	Investment Manager for Pension Fund
Trade Name, if any	:	\$182,000.00
P.O. Box, Bldg., Ro	om No., if any	
Street	777 W. Wisconsin Ave.	11.b. Approximate dollar value of such dealing.
City	Milwaukee	12.a. Nature of interest held or income received.
State	Wisconsin ZIP Code + 4 53202	Lunch for Investment meeting for Pension Fund
		\$35.00
		12.b. Amount.
C. Received from any employer (other than an employer covered under parts A and B above)		
	elations consultant to an employer any payment of money	14.a. Nature of payment.
13.a. Name and add (including trade	dress of Employer or Labor Relations Consultant e name, if any).	
Name		,
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State	ZIP Code + 4	
13.b. Is the Busine	ess an Employer or Consultant?	14.b. Amount of payment.

Name of Person Filing	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
Name and address of Business (including trade name, if any).	9. Business deals with:		
Name	a. Labor Organization		
Trade Name, if any:	b. Trust		
P.O. Box, Bldg., Room No., if any	c. Employer		
Street			
City			
State ZIP Code + 4			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name Fiduciary Mgmt. Assoc.	Investment Manager for Pension Fund		
Trade Name, if any:	\$352,000.00		
P.O. Box, Bldg., Room No., if any			
Street 55 W. Monroe St. Suite 2550	11.b. Approximate dollar value of such dealing.		
City Chicago	12.a. Nature of interest held or income received.		
State IL ZIP Code + 4 60603	Dinner in New Orleans at Inter- national Foundation Conference for myself and wife.		
	\$100.00		
54	12.b. Amount.		
C. Received from any employer (other than an employer covered under parts A and B above)			
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.		
(including trade name, if any).			
Name	·		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.		

Name of Person Filing	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name	a, Labor Organization	
Trade Name, if any:	X b. Trust	
P.O. Box, Bldg., Room No., if any	c. Employer	
Street		
City		
State ZIP Code + 4		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Levinson Simon & Sprung Trade Name, if any:	Accountant for District Council & Local NO. 113	
P.O. Box, Bldg., Room No., if any	\$50,000.00	
Street 566 W. Lake St. Suite 3W	11.b. Approximate dollar value of such dealing.	
City Chi cago	12.a. Nature of interest held or income received.	
Chicago Chicago		
State IL ZIP Code + 4 60661	Dinner in New Orleans during Inter- national Conference for wife and myself.	
7IP Code + 4 6 0 6 6 1	national Conference for wife and	
7IP Code + 4 6 0 6 6 1	national Conference for wife and	
State II. ZIP Code + 4 60661	national Conference for wife and myself. 12.b. Amount. \$165.70	
State II. ZIP Code + 4 60661 C. Received from any employer (other than an employer covered undor from any labor relations consultant to an employer any payment of money	national Conference for wife and myself. 12.b. Amount. \$165.70 Property A and B above) or other thing of value.	
State II. ZIP Code + 4 60661	national Conference for wife and myself. 12.b. Amount. \$165.70	
C. Received from any employer (other than an employer covered undor from any labor relations consultant to an employer any payment of money	national Conference for wife and myself. 12.b. Amount. \$165.70 Property A and B above) or other thing of value.	
C. Received from any employer (other than an employer covered undor from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	national Conference for wife and myself. 12.b. Amount. \$165.70 Property A and B above) or other thing of value.	
C. Received from any employer (other than an employer covered undor from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name	national Conference for wife and myself. 12.b. Amount. \$165.70 Property A and B above) or other thing of value.	
C. Received from any employer (other than an employer covered undor from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any:	national Conference for wife and myself. 12.b. Amount. \$165.70 Property A and B above) or other thing of value.	
C. Received from any employer (other than an employer covered undor from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	national Conference for wife and myself. 12.b. Amount. \$165.70 Property A and B above) or other thing of value.	
C. Received from any employer (other than an employer covered undor from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	national Conference for wife and myself. 12.b. Amount. \$165.70 Property A and B above) or other thing of value.	

Name of Person Filing	File Number 0-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name	a. Labor Organization	
Trade Name, if any:	X b. Trust	
P.O. Box, Bldg., Room No., if any	c. Employer	
Street		
City		
State ZIP Code + 4		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Fifth Third Bank	Potential Investment Manager for Health and Pension.	
Trade Name, if any:	TOT hearth and Pension.	
P.O. Box, Bldg., Room No., if any		
Street 1404 East Ninth St. 6th Floor	11.b. Approximate dollar value of such dealing.	
The state of the s		
City Cleveland	12.a. Nature of interest held or income received.	
City Cleveland State OH ZIP Code + 4 44114	12.a. Nature of interest held or income received. Lunch and Golf	
	·	
	Lunch and Golf	
	Lunch and Golf	
	Lunch and Golf \$100.00 12.b. Amount.	
State OH ZIP Code + 4 44114	Lunch and Golf \$100.00 12.b. Amount.	
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of mone)	Lunch and Golf \$100.00 12.b. Amount. ger parts A and B above) or other thing of value.	
State OH ZIP Code + 4 44114	Lunch and Golf \$100.00 12.b. Amount.	
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant	Lunch and Golf \$100.00 12.b. Amount. ger parts A and B above) or other thing of value.	
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of mone) 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	Lunch and Golf \$100.00 12.b. Amount. ger parts A and B above) or other thing of value.	
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of mone) 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name	Lunch and Golf \$100.00 12.b. Amount. ger parts A and B above) or other thing of value.	
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any:	Lunch and Golf \$100.00 12.b. Amount. ger parts A and B above) or other thing of value.	
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of mone) 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	Lunch and Golf \$100.00 12.b. Amount. ger parts A and B above) or other thing of value.	
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of mone) 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	Lunch and Golf \$100.00 12.b. Amount. ger parts A and B above) or other thing of value.	

Name of Person Filing	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name	a. Labor Organization	
Trade Name, if any:	X b. Trust	
P.O. Box, Bldg., Room No., if any	c. Employer	
Street		
City State ZIP Code + 4	·	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Heartland Advisors Trade Name, if any:	Potential Investment Manager for Health and Pension Funds.	
P.O. Box, Bldg., Room No., if any		
Street 789 N. Water St.	11.b. Approximate dollar value of such dealing.	
The state of the s		
City Milwaukee	12.a. Nature of interest held or income received.	
City Milwaukee State WI		
State ZIP Code + 4 53202	12.a. Nature of interest held or income received.	
State ZIP Code + 4 53202	12.a. Nature of interest held or income received. Bucks Basketball Game	
State ZIP Code + 4 53202	12.a. Nature of interest held or income received. Bucks Basketball Game	
State WI ZIP Code + 4 53202	12.a. Nature of interest held or income received. Bucks Basketball Game \$50.00 12.b. Amount.	
State ZIP Code + 4 53202	12.a. Nature of interest held or income received. Bucks Basketball Game \$50.00 12.b. Amount.	
State WI ZIP Code + 4 53202	12.a. Nature of interest held or income received. Bucks Basketball Game \$50.00 12.b. Amount.	
State VI ZIP Code + 4 53202 C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant	12.a. Nature of interest held or income received. Bucks Basketball Game \$50.00 12.b. Amount. er parts A and B above) or other thing of value.	
State WI ZIP Code + 4 53202 C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of mone) 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	12.a. Nature of interest held or income received. Bucks Basketball Game \$50.00 12.b. Amount. er parts A and B above) or other thing of value.	
State WI C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of mone) 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name	12.a. Nature of interest held or income received. Bucks Basketball Game \$50.00 12.b. Amount. er parts A and B above) or other thing of value.	
State WI C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of mone) 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any:	12.a. Nature of interest held or income received. Bucks Basketball Game \$50.00 12.b. Amount. er parts A and B above) or other thing of value.	
State WI C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	12.a. Nature of interest held or income received. Bucks Basketball Game \$50.00 12.b. Amount. er parts A and B above) or other thing of value.	
State C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	12.a. Nature of interest held or income received. Bucks Basketball Game \$50.00 12.b. Amount. er parts A and B above) or other thing of value.	

Name of Person Filing	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name	a. Labor Organization	
Trade Name, if any:	X b. Trust	
P.O. Box, Bldg., Room No., if any	c. Employer	
Street		
City		
State ZIP Code + 4	· ·	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Freyberg, Hinkle, Ashland,	Accountant for Pension Fund.	
Powers & Stowell S.c. Trade Name, if any:	\$35,000.00	
P.O. Box, Bldg., Room No., if any		
Street 15420 W. Capitol Drive	11.b. Approximate dollar value of such dealing.	
City Brookfield	12.a. Nature of interest held or income received.	
State WI ZIP Code + 4 53005 - 7408	Golf & Lunch	
	\$100.00	
	12.b. Amount.	
	3	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	

Name of Person Filing	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name	a. Labor Organization		
Trade Name, if any:	X b. Trust		
P.O. Box, Bldg., Room No., if any	c. Employer		
Street			
City State ZIP Code + 4			
	·		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name Prudential Investment Management Trade Name, if any:	Potential Investment Manager for Health and Pension Funds.		
P.O. Box, Bldg., Room No., if any			
Street Two Gateway Center, 4th Floor	11.b. Approximate dollar value of such dealing.		
City Newark	12.a. Nature of interest held or income received.		
State New Jersey ZIP Code + 4 07102	Dinner in New Orleans at Inter- national Conference.		
	\$96 . 03'		
.N			
\$7	12.b. Amount.		
	4		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.		

Name of Person Filing	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name	a. Labor Organization	
Trade Name, if any:	X b. Trust	
P.O. Box, Bldg., Room No., if any	c. Employer	
Street		
City		
State ZIP Code + 4	:	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Delta Dental	Dental Provider for Health Fund.	
Trade Name, if any:	\$220,000.00	
P.O. Box, Bldg., Room No., if any	•	
Street 1233 N. Mayfair Rd. Room 204,	11.b. Approximate dollar value of such dealing.	
City Milwaukee	12.a. Nature of interest held or income received.	
State WI ZIP Code + 4 53226	Round of Golf	
	\$35.00	
ı		
	3	
	12.b. Amount.	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name	·	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any	,	
Street		
City		
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
Name and address of Business (including trade name, if any).	9. Business deals with:	
Name	a. Labor Organization	
Trade Name, if any:	b. Trust	
P.O. Box, Bldg., Room No., if any	c. Employer	
Street		
City		
State ZIP Code + 4	·	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Segall Bryant & Hamill	Laborers' Pension Fund	
Trade Name, if any:	\$85,000.00	
P.O. Box, Bldg., Room No., if any		
Street 10 South Wacker Dr. Suite 2150	11.b. Approximate dollar value of such dealing.	
City Chicago	12.a. Nature of interest held or income received.	
State IL ZIP Code + 4 60606 - 7407	Round of Golf	
	\$51.00	
	12.b. Amount.	
	12.b. Amount.	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	

Name of Person Filing

Name of Person Filing	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name	a. Labor Organization	
Trade Name, if any:	X b. Trust	
P.O. Box, Bldg., Room No., if any	c. Employer	
Street		
City State ZIP Code + 4		
State ZIP Code + 4	·	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name A S B Capital Management	Potential Investment Manager for Health & Pension Funds.	
Trade Name, if any:	nearth a rension runds.	
P.O. Box, Bldg., Room No., if any		
Street 42 Lahinch Dr.	11.b. Approximate dollar value of such dealing.	
City Lemont	12.a. Nature of interest held or income received.	
State IL ZIP Code + 4 60439	Dinner in New Orleans during Int- ernational Foundation Conference.	
河	\$85.74	
SP Sr	\$85.74 12.b. Amount.	
C. Received from any employer (other than an employer covered und	12.b. Amount.	
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money	12.b. Amount.	
C. Received from any employer (other than an employer covered und	12.b. Amount. er parts A and B above) or other thing of value.	
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant	12.b. Amount. er parts A and B above) or other thing of value.	
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	12.b. Amount. er parts A and B above) or other thing of value.	
C. Received from any employer (other than an employer covered undor from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name	12.b. Amount. er parts A and B above) or other thing of value.	
C. Received from any employer (other than an employer covered undor from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any:	12.b. Amount. er parts A and B above) or other thing of value.	
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City	12.b. Amount. er parts A and B above) or other thing of value.	
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	12.b. Amount. er parts A and B above) or other thing of value.	

Name of Person Filing	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name	a. Labor Organization	
Trade Name, if any:	b. Trust	
P.O. Box, Bldg., Room No., if any	c. Employer	
Street		
City		
State ZIP Code + 4	·	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Manning & Napier Advisors, Inc. Trade Name, if any:	Potential Investment Manager for Health & Pension Funds	
P.O. Box, Bldg., Room No., if any		
Street 6099 Riverside Dr. Suite 207	11.b. Approximate dollar value of such dealing.	
City Dublin	12.a. Nature of interest held or income received.	
State OH ZIP Code + 4 43017	Golf & Dinner	
	\$172.00	
dir		
97	12.b. Amount.	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name	·	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	

Name of Person Filing	File Number U-
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.	
Name and address of Business (including trade name, if any).	9. Business deals with:
Name	a. Labor Organization
Trade Name, if any:	X b. Trust
P.O. Box, Bldg., Room No., if any	c. Employer
Street	
City 21D Code + 4	
State ZIP Code + 4	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Anchor Bank	Bank for District Council
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street 302 N. Midvale Blvd.	11.b. Approximate dollar value of such dealing.
city Madison	12.a. Nature of interest held or income received.
State WI ZIP Code + 4 53705	Round of Golf
	\$50.00
, S	
	12.b. Amount.
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.

Name of Person Filing	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
Name and address of Business (including trade name, if any).	9. Business deals with:	
Name	a. Labor Organization	
Trade Name, if any:	X b. Trust	
P.O. Box, Bldg., Room No., if any	c. Employer	
Street		
City		
State ZIP Code + 4		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Harris Investment Management, Inc. Trade Name, if any:	Potential Investment Manager for Health and Pension Funds.	
P.O. Box, Bldg., Room No., if any 755		
Street 190 S. La Salle St. 4th Floor	11.b. Approximate dollar value of such dealing.	
City Chicago	12.a. Nature of interest held or income received.	
State II. ZIP Code + 4 60690-0755	Dinner in New Orleans at Inter- national Foundation Conference for myself and wife.	
	\$170.00	
· · · · · · · · · · · · · · · · · · ·	12.b. Amount.	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.	
(including trade name, if any).		
Name	·	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	

Name of Person Filing	File Number 0-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
Name and address of Business (including trade name, if any).	9. Business deals with:	
Name	a. Labor Organization	
Trade Name, if any:	X b. Trust	
P.O. Box, Bldg., Room No., if any	c. Employer	
Street		
City		
State ZIP Code + 4		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Blue Cross & Blue Shield	Potential Health Provider	
Trade Name, if any:	\$-0-	
P.O. Box, Bldg., Room No., if any		
Street 20855 Watertown Rd. Suite 140	11.b. Approximate dollar value of such dealing.	
City Waukesha	12.a. Nature of interest held or income received.	
State WI ZIP Code + 4 53186	Round of Golf & Lunch	
	\$77.00	
· · · · · · · · · · · · · · · · · · ·	12.b. Amount.	
	12.b. Affound.	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.	
(including trade name, if any). Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
State ZIP Code + 4		
	14 h Amount of novment	
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	

Name of Person Filing	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name	a. Labor Organization	
Trade Name, if any:	b. Trust	
P.O. Box, Bldg., Room No., if any	c. Employer	
Street		
City State ZIP Code + 4		
State 211 Godd 1		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Laborers' Training Fund	Trustee on Fund	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any	\$-0-	
Street 4633 LIUNA Way Suite 100	11.b. Approximate dollar value of such dealing.	
City DeForest	12.a. Nature of interest held or income received.	
State WI ZIP Code ∻ 4 53532	Flight\$203.00 Hotel Room936.60	
	Total \$1,139.60	
us -	12.b. Amount.	
	5	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	

Name of Person Filing	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name	a. Labor Organization	
Trade Name, if any:	b. Trust	
P.O. Box, Bldg., Room No., if any	c. Employer	
Street		
City		
State ZIP Code + 4		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Morgan Stanley, Dean Witter	Pension	
Trade Name, if any:	\$285,000.00	
P.O. Box, Bldg., Room No., if any	4200700000	
Street 3925 W. 50th Street	11.b. Approximate dollar value of such dealing.	
in the second of	11.0.7 ¢proximate com	
City Eding	12.a. Nature of interest held or income received.	
City Eding State MN ZIP Code + 4 55424		
	12.a. Nature of interest held or income received.	
. = 3.1.1	12.a. Nature of interest held or income received. Round of Golf	
. = 3.1.1	12.a. Nature of interest held or income received. Round of Golf	
. = 3.1.1	12.a. Nature of interest held or income received. Round of Golf	
State MN ZIP Code + 4 55424	12.a. Nature of interest held or income received. Round of Golf \$85.00 12.b. Amount. er parts A and B above)	
State MN ZIP Code + 4 55424	12.a. Nature of interest held or income received. Round of Golf \$85.00 12.b. Amount. er parts A and B above)	
State MN ZIP Code + 4 55424 C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of mone 13.a. Name and address of Employer or Labor Relations Consultant	12.a. Nature of interest held or income received. Round of Golf \$85.00 12.b. Amount. er parts A and B above) or other thing of value.	
State MN ZIP Code + 4 55424 C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of mone 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	12.a. Nature of interest held or income received. Round of Golf \$85.00 12.b. Amount. er parts A and B above) or other thing of value.	
State MN ZIP Code + 4 55424 C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of mone 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name	12.a. Nature of interest held or income received. Round of Golf \$85.00 12.b. Amount. er parts A and B above) or other thing of value.	
State MN ZIP Code + 4 55424 C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of mone 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any:	12.a. Nature of interest held or income received. Round of Golf \$85.00 12.b. Amount. er parts A and B above) or other thing of value.	
State MN ZIP Code + 4 55424 C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of mone 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	12.a. Nature of interest held or income received. Round of Golf \$85.00 12.b. Amount. er parts A and B above) or other thing of value.	
State MN ZIP Code + 4 55424 C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of mone 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	12.a. Nature of interest held or income received. Round of Golf \$85.00 12.b. Amount. er parts A and B above) or other thing of value.	

	Cita Alumban II	
Name of Person Filing	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
Name and address of Business (including trade name, if any).	9. Business deals with:	
Name	a. Labor Organization	
Trade Name, if any:	X b. Trust	
P.O. Box, Bldg., Room No., if any	c. Employer	
Street		
City		
State ZIP Code + 4		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Robert W. Baird & Co.	Investment Manage for Pension Fund.	
Trade Name, if any:	#102.000.00	
P.O. Box, Bldg., Room No., if any	\$182,000.00	
Street 777 W. Wisconsin Ave.Suite2700	11.b. Approximate dollar value of such dealing.	
City Milwaukee	12.a. Nature of interest held or income received.	
State WI ZIP Code + 453202	Annual Investment Conference for Baird in Kohler WI. Lodging, food & activities for wife & myself.	
Nr.	\$907.00	
\$-	12.b. Arnount.	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	

Name of Person Filing	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name	a. Labor Organization	
Trade Name, if any:	X b. Trust	
P.O. Box, Bldg., Room No., if any	c. Employer	
Street		
City		
State ZIP Code + 4	·	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Building Trades United Pension Trust Fund	Pension Fund	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any P O Box 530	·	
And the second of the second o	11.b. Approximate dollar value of such dealing.	
city Elm Grove	12.a. Nature of interest held or income received.	
State WI ZIP Code + 4 53122 - 0530	Lunches for Executives Boards, full Board & Investment meetings.	
	\$572 . 80	
w	40 h Arrayan	
	12.b. Amount.	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	

No.	Filing	File Number U-
Name of Person	i riiii iy	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and add	dress of Business (including trade name, if any).	9. Business deals with:
Name		a. Labor Organization
Trade Name, if	any:	X b. Trust
P.O. Box, Bldg.,	, Room No., if any	c. Employer
Street		
City		
State	ZIP Code + 4	
		11.a. Nature of such dealing.
10. If 9.b. or 9.c	c. is checked give trust or employer's name.	
Name Trade Name, if	Building Trades United Pension Trust Fund any:	Pension Fund
	, Room No., if any P O Box 530	
P.O. Box, Blug.		·
Street	500 Elm Grove Rd. Room 300	11.b. Approximate dollar value of such dealing.
City	Elm Grove	12.a. Nature of interest held or income received.
State	WI ZIP Code + 4 53122-0530	Lodging, flight & food Expenses at International Found- ation Conference in New Orleans.
		\$3,583.57
		12.b. Amount.
		3
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and (including	d address of Employer or Labor Relations Consultant trade name, if any).	14.a. Nature of payment.
Name		
Trade Name,	if any:	
P.O. Box, Bld	g., Room No., if any	
Street		
City		
State	ZIP Code + 4	
13.b. Is the B	Business an Employer or Consultant?	14.b. Amount of payment.

Laborers Local #113

The transactions, dealing and interests that are reported in the attached Form LM-30 represent my good faith effort to reconstruct any reportable occurrences for calendar year 2004. Some items may have been unintentionally omitted. If, in the future, it comes to my attention that there is a matter which should have been reported for calendar year 2004, I will file an amended Form LM-30.

Signature Shuth

____ Date